

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	DIAGNOSTIC MARKERS OF STROKE AND CEREBRAL INJURY AND METHODS OF USE THEREOF
<b>Attorney Docket Number::</b>	071949-5704
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Gunars
<b>Family Name::</b>	Valkirs

**City of Residence::** Escondido  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 2893 Paseo del Sol  
**City of mailing address::** Escondido  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 92025  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Jeffrey  
**Family Name::** Dahlen  
**City of Residence::** San Diego  
**State or Province of** CA  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 10555 Kemerton Rd.  
**City of mailing address::** San Diego  
**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 92126  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Howard

**Family Name::** Kirchick  
**City of Residence::** San Diego  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 5449 Panoramic Lane  
**City of mailing address::** San Diego  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92121

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Kenneth F.  
**Family Name::** Buechler  
**City of Residence::** San Diego  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** PO Box 77  
**City of mailing address::** Rancho Santa Fe  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92067

#### **Correspondence Information**

**Correspondence Customer Number::** 30542

**E-Mail address::** PTOMailSanDiegoNorth@FoleyLaw.com

**Representative Information**

<b>Representative Customer Number::</b>	30542	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application			12:00:00 AM
This Application	Continuation-in-part of	10,371/149	02/20/2003
10,371/149	Continuation-in-part of	PCT/US02/26604	08/20/2002
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/313,775	08/20/2001
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/334,964	11/30/2001
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/346,485	01/02/2002
10,371/149	Continuation-in-part of	10/225,082	08/20/2002

10/225,082	An application claiming the benefit under 35 USC 119(e)	60/313,775	08/20/2001
10/225,082	An application claiming the benefit under 35 USC 119(e)	60/334,964	11/30/2001
10/225,082	An application claiming the benefit under 35 USC 119(e)	60/346,485	01/02/2002

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

#### Assignee Information

**Assignee name::** Biosite Incorporated